

Interpreter Resources

By law, health care providers who receive federal funding (including Medicaid and Medicare) are responsible for ensuring that a trained interpreter is present during visits by patients who have limited English proficiency. For patients with Medicaid insurance, Medicaid will reimburse for the use of an interpreter. At the time of this writing, code T1013 will reimburse at \$59.00 per session. Other insurance plans may not reimburse for interpreter services. If your practice receives any federal funds, it is your responsibility to provide an interpreter for patients with limited English proficiency. People who work with refugees suggest, however, that an interpreter be provided whenever a patient requests one, or whenever you as a provider believe that language differences may be a barrier to clear and unambiguous communication between you and your patient.

Vermont Refugee Resettlement Program:

462 Hegeman Ave., Suite 101
Colchester, VT 05446
Tel. (802) 654-1706 OR (802) 655-1963
Fax (802) 655-4020
Email jrose@vrrp.org

Pacific Interpreters:

Provides over the phone, on-site and document interpretation.
1-800-311-1232
<http://www.pacificinterpreters.com/>

Tele-Interpreter:

Provides over the phone interpretation services.
1-800-811-7881
<http://www.teleinterpreters.com/index.aspx>

Language Services Associates:

Provides on-site interpreters.

To request an interpreter:

- Fax request form to: (215) 657-6057, or
- Email request form to onlocation@lsaweb.com , or
- Call 1-800-305-9573 and press 3.

For American Sign Language Interpreters:

For patients who are deaf and use sign language, Medicaid may reimburse (code T1013)
Contact: Vermont Interpreter Referral Service 1-800-254-3920
www.virs.org

See next page for tips on working with an interpreter.

Tips for working with an interpreter: (Used with permission from:
Cross Cultural Health Care Program, Seattle WA 98144 www.xculture.org)

- Introduce yourself to the interpreter, establish his/her level of English skills and request that everything that you say, everything the patient says and anything that family members say is interpreted.
- Speak directly to the patient and not to the interpreter.
- Speak at an even pace in reasonably short segments, allowing the interpreter time to interpret; it may take longer to say the same thing in the other language than it took in English. Avoid complicated sentence structure, sentence fragments, asking multiple questions at one time and the use of highly idiomatic speech. On the other hand, do not patronize or infantilize the patient. A lack of English language skills is not a reflection of low cognitive function or lack of education.
- Encourage the interpreter to ask clarifying questions and alert you to potential cultural misunderstandings that may come up or to concepts that may get “lost in translation”. You may need to rephrase a question or elicit the information in a different way.
- Acknowledge the interpreter as a professional in communication. Respect his or her role.
- Be patient. Providing care across a language barrier takes time. The time spent up front, however, will establish good rapport and clear communication that will avoid wasted time and potentially dangerous misunderstandings down the line.

For additional information about Limited English Proficiency and implications for health care:
The Access Project http://www.accessproject.org/language.html#action_kit